

ACRL Allen County Right to Life

March 25, 2019

Angela Becker
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Dear Ms. Becker,

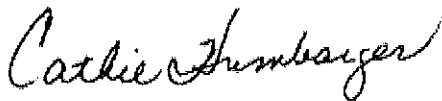
Pursuant to the provisions of governing law, including but not limited to, I.C. §§ 5-14-3-1 and 3, I am requesting copies of the abortion facility license applications and supporting documentation for new abortion facilities from March 1, 2019 through March 25, 2019.

Please send to the address below or e-mail to cathie.humbarger@ichooselife.org.

Please let me know of any cost related to this request and I will remit payment immediately.

Mail to:
Cathie Humbarger, VP
Indiana Right to Life
2126 Inwood Drive
Fort Wayne, IN 46815

Sincerely,



Executive Director
Allen County Right to Life

**THE
LAWYERING
PROJECT**

99 Silver Street, 4-10
Portland, ME 04101

Rupali Sharma
Direct Line: 908.930.6645
rsharma@lawyeringproject.org

March 15, 2019

Kristina Box, MD, FACOG
State Health Commissioner
Indiana State Department of Health
2 North Meridian Street
Indianapolis, Indiana 46204

Dear Dr. Box:

I am in receipt of the Department's letter dated February 25, 2019. On behalf of Whole Woman's Health Alliance ("WWHA"), please find below and attached a response to the Department's letter. Hard copies will follow by U.S. mail.

Please do not hesitate to contact me if you have any questions.

Request #1: The application form used is not the current ISDH form and does not comply with IC 16-21-2-2.5(c). **Please resubmit the application using the current form, a copy of which is attached.**

Response #1:

WWHA submitted its application on January 16, 2019, using the form that the Department made available on its website at the time. Nonetheless, WWHA has copied the information it provided on the Department's previous form into the Department's new form. Att. 1.

Request #2: In item 3 of Section D of the license application form ("Services provided under this license"), WWHA lists "APC I" as "other" staff. **Please identify and explain what "APC I" means.**

Response #2:

Question D.3 on the Department's form asks WWHA to identify the "title and number" of individuals working in its prospective clinic. WWHA wrote "APC I" to indicate that it will have one advanced practice clinician, or "APC," working at its clinic.

Request #3: The December 18, 2018 "Emergency Services Agreement" ("ESA #1") between _____ and _____ does not identify the hospital where _____ has privileges. **Please provide a revised ESA #1 that properly identifies the hospital (including location) where _____ has privileges.**

Response #3:

Indiana Code § 16-34-2-4.5(2) does not require that the agreement identify the name or location of the hospital. Nonetheless, WWHA discloses that _____ is located in _____.

Request #4: The July 25, 2017 “Emergency Services Agreement” (“ESA #2”) is missing all identifying information (which appears to have been redacted) and is out of date because Indiana law requires that such agreements be updated annually. **Please provide a revised version of ESA #2 that clearly names the parties, identifies the hospital where the referral-accepting doctor has privileges, and is current (i.e., less than one year old).**

Response #4:

The July 25, 2017 agreement is no longer operative. The operative agreement is dated December 18, 2018. WWHA has previously provided the Department a copy of that agreement in support of its Application for a License to Operate an Abortion Clinic, submitted on January 16, 2019.

Request #5: In Conclusion of Law No. 17 of its December 2018 final order affirming ISDH’s denial of WWHA’s August 2017 application to license an abortion clinic in South Bend (the “Order”), the ISDH Appeals Panel held that:

Whole Woman’s Health, LLC; Whole Woman’s Health of McAllen, LLC; Whole Woman’s Health of Fort Worth, LLC; Whole Woman’s Health of Baltimore, LLC; Whole Woman’s Health of the Twin Cities, LLC; Whole Woman’s Health of San Antonio, LLC; and Whole Woman’s Health of Peoria, LLC are affiliates of Whole Woman’s Health Alliance because those entities are under the common control of Amy Hagstrom Miller *[emphasis added]*.

WWHA did not appeal the Order or Conclusion of Law No. 17 and is therefore bound by it. Accordingly, for each affiliate of W WWHA identified in the Order: [provide the information and documents described in (a)-(d)].

Response #5:

The December 2018 Order upholds the denial of WWHA’s previous application. That Order does not govern WWHA’s current application. In any event, the Department is not entitled to the extensive information it now demands.

Information about independent limited liability company clinics owned by Amy Hagstrom Miller (“Whole Woman’s Health clinics”) will shed no light on whether WWHA meets the requirements of Ind. Code § 16-21-2-11. Further, Ind. Code § 16-21-2-11 does not require an abortion clinic license applicant to provide any of the information, much less documentation, Request #5 demands. Although not required by law, WWHA previously identified each of the Whole Woman’s Health clinics in documents supporting its application. WWHA further disclosed that

- none of the independent clinics Ms. Hagstrom Miller owns has ever closed as direct result of patient health and safety concerns, *see* Ind. Code § 16-21-2-11(d)(1);

- no Board member or clinic staff member has ever been convicted of a felony, *see* Ind. Code § 16-21-2-11(d)(2);
- no Board member or clinic staff member was ever employed by a facility owned or operated by the applicant that closed as result of administrative action, *see* Ind. Code § 16-21-2-11(d)(3).

Even if the independent clinics owned by Ms. Hagstrom Miller were affiliates of WWHA, which they are not, none has ever closed as a direct result of patient health and safety concerns. Thus, there are no related “administrative and legal document[s],” Ind. Code § 16-21-2-11(d)(4), to provide.

Request #5(a)-(c):

- Provide copies of all reports, complaints, forms, correspondence, and other documents that concern, mention, or relate to any investigation, inspection, or survey of the affiliate by any state or other regulatory authorities at any time since and including January 1, 2014.
- Provide copies of all forms, correspondence, reports, and other documents that concern, mention, or relate to any application(s) by the affiliate for licensure of or other permission to operate an abortion clinic at any time since and including January 1, 2014.
- Provide copies of all orders, submissions, correspondence and other documents that concern, mention, or relate to any regulatory or administrative enforcement action, or administrative, civil or criminal court action involving the affiliate at any time since and including January 1, 2014.

Response #5(a)-(c):

The Department’s demands concerning Whole Woman’s Health clinics are not only irrelevant to determining whether WWHA satisfies the requirements for licensure, but exceptionally broad and burdensome. For example, providing “all orders, submissions, correspondence, and other documents that concern, mention, or relate” to every case that Whole Woman’s Health has filed challenging restrictive abortion laws, as demanded by Request #5(c), would require the production not only of privileged communications, but hundreds of thousands of pages. Further, Whole Woman’s Health clinics operate in five different states; they are regulated by multiple state and federal agencies. Att. 2. Identifying every document that “*concerns, mentions, or relates to*” inspections or surveys of those entities over a five year-period, as demanded by Request #5(b) would take weeks of document review. Similarly, all “copies of all forms, correspondence, reports, and other documents that *concern, mention, or relate to* any application(s) by the affiliate for licensure of or other permission to operate an abortion clinic at any time since and including January 1, 2014” would take dozens of hours to identify, much less produce. Importantly, no WWHA or WWH clinic has ever denied an abortion clinic license, except for the South Bend Clinic. *Id.* Currently, there are Whole Woman’s Health clinics in three states that require licensure. *Id.* Each of those clinics holds a license. *Id.*

Request #5(d): Provide the legal name and current address of each who, at any time since and including January 1, 2014, has been organizer, manager, director, owner, and/or officer of the affiliate.

Response #5(d):

The Whole Woman's Health clinics referenced in this request, which are not affiliates of WWHA, voluntarily provided the Department not only the information requested by Request #5(d) but supporting documentation, as well. Nonetheless, WWHA attaches those documents hereto. *See* Att. 3.

Sincerely,

/S/Rupali Sharma

Rupali Sharma
Senior Counsel & Director

cc: Sharon Lau
Amy Hagstrom Miller
Katherine D. Jack
Dipti Singh
Stephanie Toti



APPLICATION FOR LICENSE TO OPERATE AN ABORTION CLINIC

State Form 52233 (R6 / 1-19)
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-21-2 and 410 IAC 26)

Division of Acute Care Use Only

Date Received (mm/dd/yyyy) _____ Date Approved (mm/dd/yyyy) _____ Date Rejected (mm/dd/yyyy) _____

Please Type or Print Legibly.

SECTION I - TYPE OF APPLICATION

Application (Check appropriate item.)

☒ New Facility ☐ Renewal ☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease (mm/dd/yyyy)) _____
Submit a dated and signed copy of the bill of sale, lease or other document of transfer.

SECTION II - IDENTIFYING INFORMATION

A. Abortion Clinic Location

Name of Abortion Clinic

Whole Woman's Health Alliance

Street Address (number and street)

3511 Lincoln Way West

P.O. Box

City

South Bend

County

St. Joseph

ZIP Code +4

46628-1411

Telephone Number

()

Fax Number

()

Abortion Clinic e-mail address: _____

Internet Web Address: <https://www.wholewomanshealthalliance.org>

B. Mailing Address (if different from abortion clinic location)

Street Address (number and street)

P.O. Box

City

County

ZIP Code +4

C. Licensee / Ownership Information

Licensee: The applicant entity as registered with the secretary of state

Whole Woman's Health Alliance

Street Address (number and street)

1812 Centre Creek Drive, Suite 205

P.O. Box

City

Austin

State

Texas

ZIP Code+4

78754

Telephone Number

(512) 835-6858

Fax Number

(512) 835-6568

EIN Number

46-5318393

Fiscal Year End Date (mm/dd)

12/31

D. Services provided under this license:

Code items 1 and 2 as follows: 1. Provided directly by employee(s), 2. Provided by a contract service, 3. Both 1 and 2.

1. Ancillary Services: ☐ Laboratory: CLIA Certificate Number _____ ☐ Radiology ☒ Counseling
☒ Family Planning ☐ Pharmacy ☐ Other (List): _____

2. Abortion Services: ☒ Drug Induced Only ☐ Surgical Only ☐ Both Drug Induced and Surgical

For item 3, indicate the total number of individuals (employees plus contractors) working in this clinic. This includes hourly, part-time, and full-time persons.

3. Staffing : Physicians: ☒ Registered Nurses: ☐ Licensed Practical Nurses: ☐ Licensed Social Workers: ☐

Other (List title and number, do not use acronyms): Advanced Practice Clinician (APC) 1

E. Number of Procedure Rooms Utilizing:

Minimal Sedation ☒

Moderate Sedation ☒

F. Type of Entity:

For Profit

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

Non-Profit

- ☐ Church Related
☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Hospital District
☐ Federal
☐ Other (specify) _____

G. Officers (if the business entity is incorporated)

Position	Name	Address/City/State/ZIP
President / Chairperson / CEO	Amy Hagstrom Miller	1812 Centre Creek Drive, Suite 205, Austin Texas, 78754
Vice-President / Vice-Chairperson / COO	Beverly Whipple	1812 Centre Creek Drive, Suite 205, Austin Texas, 78754
Treasurer / CFO	Beverly Whipple	1812 Centre Creek Drive, Suite 205, Austin Texas, 78754
Secretary	John H. Bucy, II	1812 Centre Creek Drive, Suite 205, Austin Texas, 78754

H. Ownership and/or Change in Ownership:

List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. (Use additional sheet if necessary.)

Name	Business Address/City/State/ZIP	EIN Number

I. Declarations:

Has any applicant, or an owner or affiliate of the applicant, operated an abortion clinic that was closed as a direct result of patient health and safety concerns? ☐ YES ☒ NO

Has any principal or clinic staff member been convicted of a felony? ☐ YES ☒ NO

Has any principal or clinic staff member ever employed by a facility owned or operated by the applicant that closed as a result of administrative or legal action? ☐ YES ☒ NO

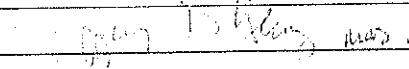
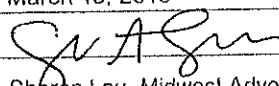
For any YES responses: attach copies of administrative and legal documentation, inspection reports, violations and remediation contracts.

CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate an Abortion Clinic (Clinic) in the State of Indiana, and in support of this application, represents and shows that the owner(s) and operator(s) are of reputable and reasonable character, are able to comply with the Abortion Clinic statutes, IC 16-21-2-2.5 and IC 16-34, and the rules promulgated there under, 410 IAC 26 and will operate and maintain this clinic in accordance with those rules.

I certify that the operational policies of the clinic will not provide for discrimination based upon race, color, creed, or national origin.

I swear and affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws, and rules governing the licensing of clinics in Indiana.

Signature of the Medical Director:	
Printed Name and Title:	Jeffrey D. Glazer, M.D.
Date of Signature (mm/dd/yyyy):	March 15, 2019
Signature of the Clinic Administrator:	
Printed Name and Title:	Sharon Lau, Midwest Advocacy Director, Whole Woman's Health Alliance
Date of Signature (mm/dd/yyyy):	March 15, 2019

See the following page for instructions regarding licensure fees and submission of this application.

License Fee

Select the appropriate fee based upon the total number of first trimester procedures as reported to the Indiana State Department of Health (ISDH) on the Terminated Pregnancy Report (State Form 36526).

Check One	Total First Trimester Procedures in the Clinic	Fee
<input checked="" type="checkbox"/>	Zero to 799	\$500.00
<input type="checkbox"/>	800 to 3,499	\$1,000.00
<input type="checkbox"/>	3,500 to 6,999	\$2,000.00
<input type="checkbox"/>	7,000 and above	\$3,000.00

410 IAC 15-5-3

Enclose the following:

- 1. A completed Application for License to Operate an Abortion Clinic (this form).**
- 2. Any supporting attachments.**
- 3. For each physician performing procedures, either:**
 - (A) A copy (in writing) of the physician's admitting privileges; or**
 - (B) A copy of:**
 - (1) his/her written agreement with another physician with admitting privileges; and**
 - (2) a copy (in writing) of that physician's admitting privileges.**
- 4. Payment made payable to "Indiana State Department of Health."**

Mail to:

**INDIANA STATE DEPARTMENT OF HEALTH
ATTENTION: CASHIER'S OFFICE, 2-C
2 NORTH MERIDIAN STREET
INDIANAPOLIS, INDIANA 46204**

DECLARATION OF AMY HAGSTROM MILLER

Amy Hagstrom Miller hereby declares under penalty of perjury that the following statements are true and correct:

1. I am the President and Chief Executive Officer (“CEO”) of Whole Woman’s Health Alliance (“WWHA”), a nonprofit organization.

2. In addition, I am the President and CEO of Whole Woman’s Health (“WWH”), a consortium of limited liability companies.

3. WWH currently operates clinics in Illinois, Maryland, Minnesota, and Texas. Maryland and Texas require these clinics to apply for and obtain a license to lawfully provide abortion care. WWH’s Maryland and Texas clinics are currently licensed in accordance with the laws of those states.

4. On November 29, 2006, the Texas Department of State Health Services (the “Texas Department”) issued an Emergency Order revoking the license of a WWH clinic in Beaumont, Texas, based on erroneous inspection findings. WWH notified the Texas Department that its findings were erroneous, and it immediately lifted the revocation order, eight days after the revocation order had been issued. The Emergency Order and the Order Lifting Emergency Order for Revocation are attached hereto collectively as Exhibit 1.

5. Apart from that incident, no WWHA or WWH clinic has ever had a state license suspended.

6. No WWH clinic has ever been denied an abortion clinic license.

Dated: March 15, 2019

/S/Amy Hagstrom Miller
AMY HAGSTROM MILLER

DOCKET NO. A9520-519-2007**IN THE MATTER OF****WHOLE WOMENS HEALTH LP D/B/A
WHOLE WOMANS HEALTH OF
BEAUMONT****BEAUMONT, TEXAS**§
§
§
§
§
§
§**BEFORE THE****DEPARTMENT OF
STATE HEALTH SERVICES****AUSTIN, TEXAS****EMERGENCY ORDER****I.**

The Texas Department of State Health Services (Department) has jurisdiction to regulate abortion facilities under Chapter 245 of the Texas Health and Safety Code (the Act). Section 245.012(c) of the Act allows the Department to issue an emergency order to revoke an abortion facility's license when the Department has reasonable cause to believe that the health and safety of persons are threatened.

II.

Whole Womans Health LP d/b/a Whole Womans Health of Beaumont (Facility), located at 3470 Fannin Street, Suite 3, Beaumont, Texas 77701 is licensed by the Department as an abortion facility, license #008137, and is subject to the aforementioned Act and the Rules located at 25 Texas Administrative Code (TAC) Section 139.

III.

On November 28, 2006, the Department conducted an on-site inspection of Whole Womans Health of Beaumont. The inspection revealed the following serious violations:

- A. Facility Staff: The Facility failed to have an Administrator, in violation of 25 TAC § 139.46(2) and 139.47(a), (b) and (c); failed to have a medical consultant in violation of 25 TAC § 139.46(1); and failed to have licensed nursing staff, including a licensed registered nurse and/or licensed vocational nurse, in violation of 25 TAC § 139.46(3)(B).
- B. Facility Policies and Procedures: The Facility failed to develop, implement, enforce and monitor policies and procedures which addressed laboratory procedures, complaint processing, infection control measures, medical record keeping and contract requirements, in violation of 25 TAC §§ 139.41(a)(1)(I), 139.41(a)(2)(A), (B), (F) and (G) and 139.41(a)(4).
- C. Infection Control: The Facility failed to ensure that all staff complied with universal precautions, in violation of 25 TAC § 139.49(b)(1), when protective gear was not used when washing instruments. The Facility failed to ensure that staff separated contaminated supplies and equipment from clean or sterilized equipment, in violation of 25 TAC 139.49(d)(5)(B). The Facility failed to ensure that all items were thoroughly cleaned and sterilized when the Facility's autoclave was not being correctly used by staff in accordance with manufacturer's guidelines, in violation of 25 TAC § 139.49(d)(5).
- D. Dispensing of Narcotics: The Facility was dispensing narcotics without holding a Class D Pharmacy license, in violation of 25 TAC § 139.60(g).

IV.

A facsimile copy of this Emergency Order has been faxed and hand-delivered by a Department representative, with copies sent by Certified Mail and First Class Mail on the date signed.

V.

Pursuant to the Texas Health and Safety Code § 245.012, this emergency revocation is effective immediately, on notice to the license holder. The Department shall conduct a hearing within 14 days to determine if the revocation is to be continued, modified, or rescinded. The hearing and any appeal are governed by the Department's rules for a contested case hearing and Chapter 2001 Government Code. A notice of hearing shall be issued stating the time and place of the hearing. Failure to appear at the time and place designated for the hearing will result in the factual allegations contained in this Emergency Order being deemed true, and the Department's action taken in this Emergency Order will be final.

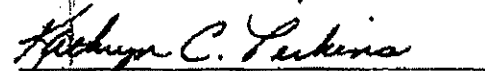
VI.

Based on the findings of the on-site inspection as described in Section III., herein, the undersigned Associate Commissioner of Health finds that a situation has been identified that poses immediate jeopardy to the health and safety of persons who use this facility and that the health and safety of persons are threatened. The Associate Commissioner of Health further finds that the issuance of this Emergency Order is in the best interest of the public health and safety.

NOW THEREFORE, IT IS ORDERED, that:

Abortion Facility License #008137, issued to Whole Womens Health LP d/b/a Whole Womens Health of Beaumont, is immediately revoked.

Done at Austin, Travis County, Texas on this 29th day of November, 2006.


Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services

DOCKET NO. A9520-519-2007

**IN THE MATTER OF

WHOLE WOMENS HEALTH
LP D/B/A WHOLE WOMENS
HEALTH OF BEAUMONT

BEAUMONT, TEXAS**

§
§
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§
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§
§

**BEFORE THE TEXAS

DEPARTMENT OF STATE
HEALTH SERVICES

AUSTIN, TEXAS**

ORDER LIFTING EMERGENCY ORDER FOR REVOCATION

The undersigned designee of the Commissioner of the Department of State Health Services, having reviewed and considered the information submitted in this matter, and having found that an Order lifting the Emergency Order for Revocation of the abortion facility license, number 008137, of Whole Womens Health LP d/b/a Whole Womens Health of Beaumont is warranted and authorized under the Texas Health and Safety Code § 245.012, finds that the license revocation imposed on that license by the Emergency Order signed by the Commissioner's designee on November 29, 2006, and effective November 29, 2006, should be lifted, effective as of the signature date on this Order.

Findings of Fact and Conclusions of Law are attached hereto and made a part hereof for all purposes.

NOW, THEREFORE, IT IS SO ORDERED, that:

The Emergency Order for revocation of the abortion facility license, license number 008137, of Whole Womens Health LP d/b/a Whole Womens Health of Beaumont, is lifted, effective as of the signature date on this Order.

Signed, issued, and effective on this 7th day of December, 2006.



Kathryn C. Perkins, RN, MBA
Assistant Commissioner
Division for Regulatory Services

IN THE MATTER OF WHOLE WOMENS HEALTH LP D/B/A
WHOLE WOMENS HEALTH OF BEAUMONT

FINDINGS OF FACT

Finding of Fact No. 1

The Department revoked the abortion facility license of Whole Womens Health d/b/a Whole Womens Health of Beaumont, license number 008137, pursuant to Texas Health and Safety (HSC) Chapter 245.012(c), for violations of 25 Texas Administrative Code (TAC) §§ 139.46(2), 139.47(a), (b) and (c), 139.46(1), 139.46(3)(B), 139.41(a)(1)(I), 139.41(a)(2)(A), (B), (F) and (G), 139.41(a)(4), 139.49(1), 139.49(d)(5)(B), 139.49(d)(5) and 139.60(g), relating to staffing, policies and procedures, infection control and dispensing of narcotics. The Emergency Order for Revocation was signed by the designee of the Commissioner for the Department on November 29, 2006, and was effective November 29, 2006.

Finding of Fact No. 2

On or about December 5, 2006, Department representatives met with representatives of Whole Womens Health of Beaumont, and their legal counsel, and determined that the threat to the health and safety of patients no longer exists, and that rule violations noted in the Emergency Order had been or will be corrected and/or resolved.

CONCLUSIONS OF LAW

Conclusion of Law No. 1

The Department of State Health Services (Department) is authorized to enforce and implement the HSC, Chapter 245 (Act), and the rules found at 25 TAC Chapter 139 (Rules), governing the licensing and regulation of abortion facilities in Texas.

Conclusion of Law No. 2

Whole Womens Health LP d/b/a Whole Womens Health of Beaumont, is no longer a threat to the health and safety of patients under HSC Chapter 245.

Conclusion of Law No. 3

An Order Lifting an Emergency Order for Revocation is warranted and authorized under HSC Chapter 245.012(c) for the abortion facility license of Whole Womens Health LP d/b/a Whole Womens Health of Beaumont, based upon the above-stated Findings of Fact and Conclusions of Law.

Subject: RESPONSE: Whole Woman's Health Alliance Application for License to Operate an Abortion Clinic

From: Rupali Sharma [mailto:rsharma@lawyeringproject.org]

Sent: Monday, March 18, 2019 4:39 PM

To: Snyder, Randall <RSnyder1@isdh.IN.gov>

Cc: Christopher.Anderson@atg.in.gov; Diana.Moers@atg.in.gov; 'Payne, Julia' <Julia.Payne@atg.in.gov>; tom.fisher@atg.in.gov; Stephanie Toti <stoti@lawyeringproject.org>; Dipti Singh <dsingh@lawyeringproject.org>; kjack@jacklawoffice.com

Subject: RE: RESPONSE: Whole Woman's Health Alliance Application for License to Operate an Abortion Clinic

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Dear Mr. Snyder,

Thank you for letting us know that you received our response to the Department's request for additional information. It has come to our attention that [redacted] admitting privileges at [redacted] are through a medical practice group at the hospital, rather than through the hospital itself. It is our understanding that [redacted] is a member in good standing of the hospital staff (as the attached document attests); that [redacted] had to complete a credentialing process in order to obtain privileges through the medical practice group; and that [redacted] name appears on a roster of physicians maintained in the hospital emergency room signifying that [redacted] patients should be admitted to the hospital.

The name of the medical practice group through which [redacted] has admitting privileges is [redacted]. More information about this group and its role at the hospital can be found at the following websites: [redacted]

[redacted] relationship with [redacted] The [redacted] ensures that [redacted] can guarantee admission at [redacted] of any Whole Woman's Health Alliance (WWHA) patient requiring hospitalization. The patient would then be transferred to the care of a [redacted] physician.

We seek the Department's guidance to confirm that the type of admitting privileges held by [redacted] satisfies the requirements of Ind. Code § 16-34-2-4.5(a).

Given that the Department and WWHA are adverse parties in a pending lawsuit, I am copying the Department's attorneys of record in that case.

We would appreciate it if you would keep the name of the medical practice group confidential consistent with Ind. Code § 16-34-2-4.5(c)(2).

Thank you in advance for your attention to this matter.

Yours truly,

Rupali Sharma

From: Snyder, Randall <RSnyder1@isdh.IN.gov>

Sent: Monday, March 18, 2019 11:10 AM

To: Rupali Sharma <rsharma@lawyeringproject.org>

Cc: Dipti Singh <dsingh@lawyeringproject.org>; Stephanie Toti <stoti@lawyeringproject.org>; kjack@jacklawoffice.com

Subject: Re: RESPONSE: Whole Woman's Health Alliance Application for License to Operate an Abortion Clinic

Ms. Sharma,

The ISDH is in receipt of your email regarding Whole Woman's Health Alliance's response regarding the previously submitted application to operate an abortion clinic.

Regards,

R. Snyder

On Mar 15, 2019, at 11:38 PM, Rupali Sharma <rsharma@lawyeringproject.org> wrote:

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Dear Mr. Snyder,

Please find attached Whole Woman's Health Alliance's response to your request for additional information.

Best,

Rupali

From: Snyder, Randall <RSnyder1@isdh.IN.gov>

Sent: Monday, February 25, 2019 11:20 AM

To: Rupali Sharma <rsharma@lawyeringproject.org>

Subject: RESPONSE: Whole Woman's Health Alliance Application for License to Operate an Abortion Clinic

Dear Ms. Rupali,

Please find attached the Indiana State Department of Health response to the application submitted on behalf of Whole Woman's Health Alliance, along with, the current application form. If questions remain or additional information is needed, please contact the department at your convenience.

Regards,

RANDY SNYDER, PT, MBA

Division Director

Acute Care

Indiana State Department of Health

317.233.1286 office

317.233.7157 fax

rsnyder1@isdh.in.gov

www.StateHealth.in.gov

<image001.png> <image002.png> <image003.png>

<image004.gif>

Confidentiality Statement:

This message and any attachments may be confidential. If you are not the intended recipient, please 1) notify me immediately; 2) do not forward the message or attachment; 3) do not print the message or attachment; and 4) erase the message and attachment from your system.

<WWHA Response to 2.25.19 ISDH Letter.pdf>

<Att. 1.pdf>

<Att. 2 AHM Decl_.pdf>

<Ex. 1 to AHM Decl.pdf>

<Att. 3.pdf>

**MEDICAL STAFF MEMBERSHIP OR AFFILIATION
Primary Source Verification**

March 15, 2019

physician

RE:

This letter is to verify Medical Staff Membership and/or Clinical Privileges at

Continuation of Medical Staff Membership and/or Clinical privileges at a facility is contingent upon regular evaluation of a practitioner's compliance with Medical Staff Bylaws, Rules and Regulations, current competence, clinical judgment, health status, and discharge of other staff obligations.

While affiliated with , this practitioner is/was a member in good standing at our institution.

Facility:

Staff Status: Associate

Department: Family Medicine

Specialty: Family Medicine

Dates of Affiliation: From: To: Present

Next Reappointment:

If we can be of further assistance, please don't hesitate to call the Medical Staff Office.

Sincerely,